

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004595

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 121

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Affton

Length of stay in lb.  
2 1/2 mo.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Miller Nursing Home

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis  
3922 Gustine

d. STREET ADDRESS (If outside, give location)  
3922 Gustine

Inside Limits  
Yes ☒ No ☐

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
Louise Moresi

4. DATE OF DEATH  
Month Day Year  
Jan. 12, 1963

5. SEX  
Female

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
2/15/86

9. AGE (last birthday)  
76

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
housekeeping

10b. KIND OF BUSINESS OR INDUSTRY  
at home

11. BIRTHPLACE (City and state or country)  
St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME  
Fridolin Meyer

13b. MOTHER'S MAIDEN NAME  
Katherina Lauer

14. NAME OF HUSBAND OR WIFE  
Angelo M. Moresi

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
[REDACTED]

17. INFORMANT  
Address  
Charles Pistrucci, 3922 Gustine

## 18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ARTERIOSCLEROTIC HEART DISEASE

INTERVAL BETWEEN ONSET AND DEATH  
UNKNOWN

DUE TO (b)

GENERALIZED ARTERIOSCLEROSIS

UNKNOWN

DUE TO (c)

CEREBRO VASCULAR ACCIDENT

5 YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

HEMIPLEGIA

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from JUNE 22 1962 to JAN 12 1963 and last saw her alive on NOV 29 1962.  
Death occurred at 12:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
Nicholas A. Goering MD

22b. ADDRESS  
4307. 5 Grand Blvd

22c. DATE SIGNED  
JAN 12 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
1/14/63

23c. NAME OF CEMETERY OR CREMATORY  
Mt. Hope Mausoleum

23d. LOCATION (City, town, or county) (State)  
St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS  
Wacker-Helderle, 3634 Gravois

25. DATE RECD. BY LOCAL REG.  
1-14-63

26. REGISTRAR'S SIGNATURE  
[Signature]

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

INSTEAD OF

DATE AMENDED

VS 300  
Rev. 4/59

1 4000

2 2/1/63

3

4 1

5 2

6

7 0

8 2

9 4200

10

11

12 86-0

13

88

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Clarence M. A. Billo*

Licensed Embalmer No. 4375

P. O. Address St. Louis 16, Mo.

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.